



Accessibility Survey for Community Members, Organizations, and Volunteers

The Town of Tisbury is in the process of updating its Americans with Disabilities Act (ADA) Self-evaluation and Transition Plan. As part of this process, the Town is asking for your input by completing this questionnaire which addresses accessibility of programs, services, and activities offered to the public.

The purpose of this questionnaire is to gather information on how Town department and division programs or services are, or are not, accessible to persons with disabilities. The goal is that when each program, service, or activity, is viewed in its entirety, it is readily accessible to and usable by persons with disabilities.

Please complete the following: (Contact information is optional)

Name _____

Title _____

Email _____

Phone _____

What role most adequately describes your association with the Town of Tisbury and the representation you are providing?

- ☐ Community Member or Visitor with a Disability
- ☐ Community Member or Visitor without a Disability
- ☐ Community Organization - Please list the name of the organization:

- ☐ Town Volunteer

Do you participate in programs, services, or activities offered by the Town of Tisbury?

- ☐ No
- ☐ Yes - Please list: _____
- ☐ Not applicable

Do you know who to contact if you need assistance, have a concern or complaint, or need an accommodation to access a facility, service, or event?

- ☐ No - I do not know who to contact
- ☐ Yes - Please list who you would contact: _____
- ☐ Not applicable

Have you ever requested an accommodation for a disability from the Town?

- ☐ No
- ☐ Yes - Please describe the request

- ☐ Not applicable

Was your accommodation provided?

- ☐ No
- ☐ Yes
- ☐ Yes, but I was unsatisfied with how the accommodation was provided - Please elaborate:

- ☐ Not applicable

Is the attitude of Town of Tisbury staff towards persons with disabilities generally helpful, supportive, positive, and proactive in solving accessibility issues?

- ☐ No
- ☐ Yes
- ☐ Somewhat
- ☐ Don't Know

Are you aware of any specific concerns, complaints, or problems regarding access for persons with disabilities to any of the programs, services, or activities provided by the Town of Tisbury?

☐ No

☐ Yes, Please describe: _____

Do you know who the designated ADA Coordinator is for the Town of Tisbury?

☐ No

☐ No, I have not had a need or reason to seek out this person.

☐ Yes - Please provide the name: _____

What do you feel should be the Town of Tisbury's the highest priority to improve accessibility for persons with disabilities?

This question is for Organizations only:

What information or other resources can you supply to help educate or inform the Town of Tisbury about your organization and your services for persons with disabilities?

This question is for Organizations only:

What general guidance, advice, or assistance could your organization provide to the Town of Tisbury to protect against potential discrimination of persons with disabilities in its programs, services, and activities?

Thank you for completing this questionnaire. The information collected will assist the Town in improving the accessibility of programs offered to the people it serves. If you have any questions regarding the Town of Tisbury's ADA Self-evaluation and Transition Plan or are aware of any specific physical or programmatic barriers, please use the lines below for your suggestions or comments.

Please return this survey by July 30, 2019 to:

Ken Barwick, ADA/504 Coordinator
Attn: Pam Bennett
Town of Tisbury
P.O. Box 1239
Vineyard Haven, MA 02568
By email to pbennett@tisburyma.gov

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